

Account # \_\_\_\_\_  
Type \_\_\_\_\_

**City of North Little Rock**  
**BUSINESS LICENSE**  
**APPLICATION**

**Please Mail Application and Fees to:**  
**Business License Office**  
**P.O. Box 5757**  
**North Little Rock, AR 72119**  
**501-975-8833**

Date \_\_\_\_\_, \_\_\_\_\_

\_\_\_ New Business \_\_\_ Ownership Change \_\_\_ Name Change \_\_\_ Address Change \_\_\_ Relocation

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Zip Code \_\_\_\_\_

Business started @ current location: Month \_\_\_\_\_ Year \_\_\_\_\_ Number of employees \_\_\_\_\_

Owner's Name (Please Print) \_\_\_\_\_ DL# \_\_\_\_\_

Description of operations: \_\_\_\_\_

Business property owned or leased? \_\_\_\_\_ Owned \_\_\_\_\_ Leased

Mailing address if different than business location: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner/Highest Officer's Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Owner/Highest Officer's Home Telephone Number \_\_\_\_\_

If owner is a corporation provide information about two highest officers:

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Previous business location (If applicable): Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Do you store flammable or explosive material? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you doing or plan to do any construction or remodeling at this location? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID AND CONSTITUTE FORFEITURE OF PAID FEE.**

Signature of owner or owner representative: \_\_\_\_\_